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02-02-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 3688-024

First Inventor Andrew J. Garner, IV

Title IMAGE ENABLED REJECT REPAIR FOR CHECK PROCESSING  
CAPTURE

Express Mail Label No. EL681324178US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 23]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 8]  
1
5. Oath or Declaration [Total Pages 1]  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231**ACCOMPANYING APPLICATIONS PARTS**

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies
9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☒ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information. Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Rhodes & Mason, P.L.L.C.				
	Jeffrey R. McFadden				
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	P.O. Box 2974				
City	Greensboro	State	North Carolina	Zip Code	27402
Country	U.S.A.	Telephone	(336) 273-4422	Fax	(336) 271-2830

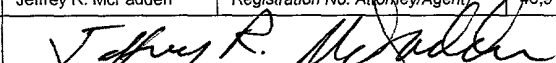
Name (Print/Type)	Jeffrey R. McFadden	Registration No. (Attorney/Agent)	46,916
Signature		Date	02-01-01

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<b>FEE TRANSMITTAL</b> <b>for FY 2001</b>		<b>Complete if Known</b>	
		Application Number	60/179557-Provisional App. Number
<i>Patent fees are subject to annual revision.</i>		Filing Date	February 1, 2000
		First Named Inventor	Andrew J. Garner, IV
		Examiner Name	
		Group / Art Unit	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 710	Attorney Docket No.	3688-024

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		<b>3. ADDITIONAL FEES</b>	
Deposit Account Number	18-1164	<b>Large Entity</b>	<b>Small Entity</b>
Deposit Account Name	Rhodes & Mason, P.L.L.C.	<b>Fee Code</b>	<b>Fee Code</b>
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<b>Fee (\$)</b>	<b>Fee (\$)</b>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
2. <input checked="" type="checkbox"/> Payment Enclosed:			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
<b>Large Entity</b>	<b>Small Entity</b>		
<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Code</b>	<b>Fee (\$)</b>
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
<b>Fee Description</b>			
Utility filing fee			
Design filing fee			
Plant filing fee			
Reissue filing fee			
Provisional filing fee			
<b>Fee Paid</b>			
710			
<b>SUBTOTAL (1)</b>			
(\$)			
710			
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	14	-20**	= 0
Independent Claims	3	-3**	= 0
Multiple Dependent			= 0
<b>Large Entity</b>	<b>Small Entity</b>		
<b>Fee Code</b>	<b>Fee (\$)</b>	<b>Fee Code</b>	<b>Fee (\$)</b>
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9
<b>Fee Description</b>			
Claims in excess of 20			
Independent claims in excess of 3			
Multiple dependent claim, if not paid			
** Reissue independent claims over original patent			
** Reissue claims in excess of 20 and over original patent			
<b>Fee Paid</b>			
0			
<b>SUBTOTAL (2)</b>			
(\$)			
0			
<b>Other fee (specify)</b>			
<b>*Reduced by Basic Filing Fee Paid</b>			
<b>SUBTOTAL (3)</b>			
(\$)			
0			

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Jeffrey R. McFadden	Registration No. Attorney/Agent	46,916
Signature		Telephone	(336) 273-4422
		Date	February 1, 2001

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